



The Bulletin

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- 163 YEARS AGO -

At a Meeting of the Governors of the Hospital at Hulls Tavern on Friday 2nd July 1773.

"Ordered that.

Notwithstanding the Order of Tuesday last, That The Committee purchase such Stone for the foundation of the Hospital as they shall judge proper.

That the Plan brought from England and laid before this Board by Doctor Jones, be carried into Execution so far as it relates to the Cellar Story, and that in Addition thereto Cellars be made under the Wings, together with such other small alterations as the Committee appointed for the purchase of Materials shall find necessary, who are hereby empowered to carry the Plan into Execution.

That the Governors meet upon the Ground, on Thursday Morning next at Seven O'Clock in order to fix upon the Spot on which to build the Hospital.

Mr. Douglas the Manager of the Theatre in this City having offered a Play for the Benefit of the Hospital; at the desire of several of the Members the Question was put whether or not, it should be accepted, which was carried."

LEWIS CASS LEDYARD, Jr.

At a meeting of the Board of Governors of The Society of the New York Hospital, held on the 2nd day of June, 1936, the following minute was unanimously adopted by a rising vote:

The death of Lewis Cass Ledyard, Jr., on the 1st day of May, 1936, brought deep personal sorrow to his associates on this Board of Governors and a very real loss to the Society of the New York Hospital.

Mr. Ledyard became a member of the Society in November, 1913, and a Governor in December, 1913, and for more than twenty-two years he had given devoted and intelligent service and advice to this institution. His training and experience in the administration of large estates and trusts, his meticulous attention to detail, as well as his broad vision and his wise advice, were

of very substantial value to the Society and to his colleagues on this Board.

Mr. Ledyard had served on sundry committees appointed by the Board, including the Executive Committee, the Nominating Committee, the Committee on the Annual Report and the Law Committee. He had been a member of the Law Committee since 1918, and since 1929 its Chairman. To the numerous questions involving legal advice which were brought to his attention, he gave painstaking and intelligent attention and his advice was always sound. In his ever active life he was never too busy to assist in this work of the Hospital. Just prior to his death, he had been giving a large amount of his time to the revision of the By-Laws of the Hospital, approved at today's meeting. Fortunately, this revision of the By-Laws had

been completed to his satisfaction prior to his death.

Mr. Ledyard had been a close associate of Mr. Payne Whitney and was one of the Executors and Trustees of his estate, who allotted to this Hospital out of the fund over which they had a power of disposition under the will of Mr. Whitney, the sum of over \$18,000,000 in addition to the amount specifically bequeathed to the Hospital by Mr. Whitney.

Mr. Ledyard had also been a very real factor in negotiating and drafting the various fundamental agreements which made possible the Society's Medical Centre.

His counsel and advice will be constantly missed in the administration of the affairs of the Hospital, as he will himself be personally missed by his associates on this Board and on the staffs of the Hospital.

NEW YORK HOSPITAL SAFETY COMMITTEE Accident Prevention

It is almost paradoxical that the hospital—an institution founded primarily to relieve suffering and distress—should itself often become the agency from which further suffering and even death may come about through the medium of accidents to staff, employees and members of the public within its walls.

The function of the modern hospital is to provide for the public, medical and surgical treatment for its ill at the lowest cost consistent with the expert character of such treatment and the sanitary precautions which must surround it. Anything which interferes with the attainment of this objective should not long be tolerated.

The cost of accidents has been an increasing tax burden over a long period of years on business and society just as regular and sure as the levies of municipal, state and national governments and none the less burdensome because it has been levied indirectly through the medium of insurance premiums and unseen incidental costs.

This tax, for want of a better word, becomes more irksome when it is realized that it represents one hundred percent waste.

Who ever heard of any benefit accruing to anybody as the result of an accident. And so we say away with it.

It is our belief that the correct approach to the problem is from the premise that accidents do not HAVE to happen, in fact, it has been proved and is generally accepted that ninety-eight percent of all accidents are preventable. From this premise we can make the greatest inroads on this economic burden.

If an accident does not occur the necessity for seeking the most economical way of treating and rehabilitating the injured party is obviated and our time and money can be invested in a more profitable activity.

All successful accident prevention must begin with the acceptance of one basic fact: Every accident results from some unsafe physical condition of building or equipment or from the unsafe act or practice of a person. Conversely: without such unsafe condition or unsafe act there cannot be an accident unless it be an Act of God such as lightning stroke, earthquake or tidal wave which need not be considered here.

In years past efforts were bent largely in the direction of correcting physical exposures since these were the most obvious to the average is now considered the minimum resulted in a safer average order of things.

What at one time was considered a building in which the last word in safety was incorporated and was the real exception to the average is now considered the minimum acceptable.

For example, the general use of the X-ray made necessary the storage in hospitals of large quantities of highly inflammable film. Prior to the catastrophe experienced in a midwestern hospital as a result of ignition of a large quantity of this film the safe and adequate facilities for its storage were not generally available.

Today there is scarcely a hospital storing it in any sizeable quantity but is equipped with fireproof vaults subject to rigorous temperature control where this hazard is largely eliminated.

The decrease in accidents from such physical exposures has resulted in the present day condition where statistics show that only eight percent of accidents arise out of unsafe physical conditions and ninety percent are traceable to the unsafe acts on the part of persons of which I have spoken. The control of accident costs then resolves itself into a problem of preventing these unsafe acts.

The first step must necessarily consist of KNOWING the unsafe acts which result in the greatest number of hospital accidents and concentrating our safety activities on the complete elimination of them from the daily round of duties in which hospital employees are engaged.

What then are these unsafe acts? They have been found through analysis of large numbers of typical hospital accidents and are identified as irregularities readily susceptible of correction by the supervisory staff in the same manner that any irregularity affecting the handling of A CASE would be corrected.

1. Employees in general:

(a) Run up and down stairs and through congested areas instead of allowing themselves to walk in a safe manner.

(b) Walk over freshly mopped or wet sections of floor rather than going around them.

(c) Leave shoes, cans, bottles and other objects on top of lockers where they may fall on someone.

(d) Leave pails, mops and brooms on stairways.

(e) Leave trays, trucks, portable machines, stretchers, pails, mops and other objects in corridors, passageways and in front of elevator entrances.

(f) Mop so large an area of floor at one time or the full width of a corridor or passage at one time so people are compelled to walk on wet and slippery floors.

(g) Leave vacuum cleaner hose and electric extension cords on or across floors of passages or corridors creating a tripping hazard.

(h) Use excessive amounts of wax or floor dressing which makes the floor slippery.

(i) Clean out waste paper baskets and containers with their hands instead of dump-

ing them, wring mops with their hands instead of using mop wringers and reach under and behind radiators instead of using brushes thereby sustaining cuts, splinter wounds, etc.

(j) Leave protruding nails in barrels and boxes on which another may be injured.

(k) Lift and handle excessive loads without obtaining assistance.

2. Nutrition department employees:

(a) Leave spilled liquids, and scraps of vegetables and meat on the floor causing others to slip and fall.

(b) Leave pots and pans containing hot food, grease, etc., in places where they are apt to fall and injure others.

(c) Leave broken glass in sinks and other places where others may be cut.

(d) Leave knives in places where others may become cut.

(e) Stand on chairs, boxes and tables instead of using a step ladder.

3. Nurses:

(a) Handle soiled dressings, linens and refuse without wearing suitable rubber gloves.

(b) Handle surgical instruments and needles without proper regard for sharp edges and points.

(c) Open sterilizers and other steam vessels without first allowing steam to escape or protecting their hands and arms.

(d) Do not promptly clean up chemicals which have been spilled.

(e) Attempt to move or assist heavy patients without sufficient help.

As an example, in closing, let us place before you the story of a typical accident with the factors leading up to it and the inevitable result.

A maid who was responsible for the order of rooms in the physio-therapy department of a large midwest hospital, had been instructed by her supervisor in the house-keeping department to place the mop and pail in the corner of the room being cleaned or behind the door where someone would not fall over it.

However, this maid when mopping a room usually finished her mopping at the door and with the thought in mind of saving herself extra steps would place the mop and bucket just outside the door and in the corridor, "just temporarily" as she said.

The first time that the maid engaged in this unsafe act, nothing happened. Likewise the second and third and as a matter of fact she committed this unsafe act many times without misfortune to herself or anyone else.

One morning an employee in the registration department passed through the corridor while the maid was cleaning a room adjacent to the stair well. Somewhat blinded by the morning sunlight from a window at the end of the corridor she did not no-

tice the mop and pail until she had tripped and fallen over them.

In falling, her head struck an adjacent iron stair rail from which she received a deep scalp wound, and broke her glasses, a piece of glass entering the eyeball.

Fortunately the injured young lady did not lose her eyesight although a minor operation became necessary in order to remove the glass from her eye. She nevertheless complained of headaches for some weeks after the accident and her total period of disability was about eight weeks.

In this as well as most other accidents incidental damage resulted. The water from the upset pail ran down over the edge of the stair well extensively damaging the ceiling and walls in the corridor below. Some of the water found its way through a transom into a room below where it entered and caused trouble through a short-circuit in an electrical diathermy machine.

The cost of this accident when all factors are considered look something like this:

1. Cost to Insurance Carrier—	
(a) Compensation paid	\$ 73.25
(b) Medical treatment	119.50
2. Cost to Hospital (not covered by insurance)	
(a) Cost of hiring temporary clerk to replace injured employee (whose salary was paid while disabled)	120.00
(b) Cost of re-decorating ceiling and walls damaged by dirty water	23.50
(c) Cost of repairs to electrical diathermy machine	147.50
(d) Paid injured employee for torn and damaged clothing	9.00
(e) Paid injured employee for new glasses	8.00
(f) Estimated cost of time of orderlies, nurses and physician giving first aid and later transporting patient to her home	10.50
(g) Estimated cost of loss of use of diathermy machine	90.00

Total cost of accident\$601.25

Only one third of which was borne by the insurance carrier. And these cost items do not take into account possible confusion in office detail which may have been caused by an inexperienced employee carrying on the duties of the injured clerk nor the pain, discomfort and possible permanent scar sustained by the injured girl.

SCHOOL OF NURSING

Commencement activities of the school of nursing opened with Vesper Services, Sunday afternoon, May 31, at five o'clock at which time Reverend Francis G. Urbano, Rector of St. John's Church, Far Rockaway, New York, addressed the students.

Graduation exercises were held Wednesday afternoon, at four o'clock in the auditorium of the nurses residence. Mr. Augustine J. Smith, Secretary of the Board of Governors, presided at the meeting and awarded diplomas and medals of the school to thirty graduates. Miss Isabel M. Stewart, Professor of Nursing Education, Teachers College, Columbia University, gave a scholarly address on the function of nurses in community services.

Following the exercises tea was served for the students and members of their families and friends.

Members of our hospital group will regret to hear of the resignation of Miss Katherine Amberson as head of the medical and surgical nursing services.

Miss Amberson who has been associated with our hospital since June 1932 has received the appointment of Director of Nursing Services, Albany Hospital, Albany, New York and Assistant Director of the School of Nursing, Russell Sage College, Troy, New York.

Our best wishes are extended to Miss Amberson for success in her new work.

We are happy to announce that Miss Bessie A. R. Parker, former evening administrative assistant, will succeed Miss Amberson and assume her duties as head of the medical and surgical services, September 1936.

PORTRAITS

JOHN KEARNEY RODGERS

John Kearny Rodgers belonged to that group of brilliant surgeons who helped to make the New York Hospital celebrated, in the first half of the nineteenth century, as a center of surgical teaching and surgical progress.

Almost his entire life of fifty seven years was associated with the New York Hospital. His father before him, John R. B. Rodgers, was an attending physician at the New York Hospital. He was a classmate of Aaron Burr at Princeton and a pupil of Benjamin Rush, called the father of American medicine.

He became Surgeon of the 1st Pennsylvania regiment during the revolutionary war. At the peace he went to Europe and after taking his medical degree at the University of Edinburgh, he settled in New York.

On July 5, 1790, he married Susannah R. Kerany, of Amboy, whose family owned much of the present state of New Jersey.

John Kearny Rodgers was born in New York, October 18th, 1793. By inheritance he was entitled to the splendid qualities that ever marked him as a man among men. He was prepared for Princeton at the school of the Rev. Robert Finley at Baskinridge,

New Jersey. He entered Nassau Hall, Princeton, as a sophomore, in the fall of 1808.

It is related that he was not a favorite of the President, Dr. Samuel Stanhope Smith, who once remarked to him that he would never distinguish himself, to which young Rodgers replied, "The world shall see, Sir."

He often alluded to this incident as being the first impetus his ambition ever received. He was graduated from Princeton in 1811. Having chosen medicine as a profession, he became the pupil of Dr. Wright Post. He received a license "to practice physic" from the medical society of New York City, in January, 1816, and in the following March he was graduated in medicine at the College of Physicians and Surgeons.

Dr. Post was the acknowledged head of his profession and the worthy preceptor of a worthy pupil.

Following the example of so distinguished a master, Rodgers devoted himself particularly to anatomy and surgery. Even before graduating he acted as Demonstrator of Anatomy to Dr. Post. By his fellow students he was regarded as far excelling all of them in the knowledge of anatomy and skill in dissecting. He familiarized himself with all the manipulations required in preparing and dissecting subjects, as well as in the preparations of healthy or morbid specimens for preservation.

In conjunction with his lifelong, bosom friend, Edward Delafield, he began to collect a Museum of Anatomy and Pathology, while they were still pupils.

One of these, after it had become large and valuable, he presented during his life to the College of Physicians and Surgeons, and the other was deposited in the Obstetric Collection of the same institution.

In 1816 he served as house-surgeon at the New York Hospital. Here he showed the first signs of that skill as a surgeon by which he is best remembered to-day.

It was here, too, that he first exhibited "that kind and considerate manner, that gentle but cheerful address, that so-evident heart-felt interest in the well-being of his patients, which in after life made him so universally beloved by all who fell under his professional care."

In February 1816, after completing his duties as house-surgeon at the New York Hospital, he sailed for London, to continue his studies at Guy's and St. Thomas's hospitals.

It was there that he came under the direct influence of such renowned surgeons as Astley Cooper, Lawrence, Abernathy and Travers.

One of his mottos must have been, "There is no great reward without great labor". Through indefatigable zeal Rodgers soon

attracted the attention of his teachers, and especially of Sir Astley Cooper. Among the four hundred pupils attending that great man's lectures he became one of the most outstanding, and he constantly received marks of the most gratifying character. Sir Astley Paston Cooper was at that time at the very height of his reputation.

On a day in May, 1816, Rodgers witnessed him perform the wonderful operation of tying the aorta—said to have been the greatest feat in surgery up to that hour.

Before leaving London he passed the examination and received the license of the Royal College of Surgeons. After visiting hospitals in Paris and making a short tour on the continent Rodgers and Delafield, who had joined him in London, sailed for home in October, 1818.

From now until his death Rodgers devoted himself to the practice of surgery, for which he had so thoroughly fitted himself and for which a natural skill had so fully qualified him.

In 1822, young as he was, the first great ambition of his life was fulfilled by his receiving an appointment as one of the surgeons of the New York Hospital.

By 1823, he had gained such a fine reputation that he was called to the Island of Curacao, in the West Indies, to perform an operation on a very wealthy Jewess. He remained there several months, performing many difficult operations.

On October 6, 1823, he married Mary Ridgeley Nicholson, of Baltimore. Acting on his urgent request, Miss Nicholson set free her servants before she became his wife. After her death he married Emily Hosack, a daughter of David Hosack, the most celebrated physician of his time in New York.

Tradition has it that no other person ever performed more operations within its walls or with greater skill than did John Kearny Rodgers during the nearly thirty years that he operated in the arena of the New York Hospital.

Here he established his fame as one of the first surgeons in America. But his ambition was, not merely to be one of the first, but to be the first surgeon of our country.

The crowning act of his surgical life was the tying of the left subclavian artery, within the scaleni muscles, in 1845, for aneurism, a procedure which he was the first to execute upon the living human subject. This feat produced intense excitement in the whole medical profession in this city.

The first operation in this country for aneurism of a large artery was performed in New York Hospital by Wright Post, on a carotid artery, while Rodgers was his pupil. The pupil finished what the master began, and nothing more was left for any surgeon to do in this branch of surgery which these two had not done before.

Rodgers adopted literally and faithfully the maxim of his other great master in surgery, Sir Astley Cooper: "Never to perform an operation upon another, which under like circumstances, he would not have had performed upon himself." He believed with Hunter, that "when the surgeon takes up his knife he lays down his science," and he left no appropriate surgical means untried before he resorted to operation.

The name of John Kearny Rodgers is not only identified with the New York Hospital but it is intimately woven into the life and history of another venerable charity, the New York Eye and Ear Infirmary.

He and Edward Delafield founded this celebrated institution in the year 1820, having received the incentive to do so from studying diseases of the eye at the London Eye Infirmary, now known as the Royal London Ophthalmic Hospital, during their stay in England.

The Infirmary ranks, in point of age, as the fourth oldest of the city hospitals, the New York Hospital coming first, the Lying-In Hospital second, and the Bellevue Hospital third.

So great was his affection for this special hospital that in writing home from Curacao he expressed a desire that in case of death all that he possessed should be given to the infant Infirmary.

During the one hundred and sixteen years of the existence of the infirmary innumerable ties have bound it to the New York Hospital, from which it literally sprang.

Like the Lying-In Hospital it once sought shelter within the walls of this Hospital and then went forth again. Delafield, Rodgers, Wright Post, Samuel Barrowe, David Hosack, are names never to be forgotten in the traditions of each institution.

As an eye surgeon Rodgers was spoken of as having been "swift, bold and brilliant," in which respect he differed from Sir Astley Cooper who said of himself that for the operation of cataract he was unfitted by nature—he thought too much! Two famous ophthalmologists, Abram Dubois and Cornelius R. Agnew, received their surgical training under him.

In acknowledgement of his valuable instruction in Ophthalmic Surgery, James Bolton dedicated his "Treatise on Strabismus" to Rodgers in 1842.

He left no written work behind him but nevertheless he was an inspiring teacher and much of the profound knowledge that was his he was able to impart to countless students who gathered from far and wide to study at his feet.

Having regard to Rodger's personal character, in the language of a contemporary, he was "of sterling integrity, of a noble and generous mind, tender and sympathizing, sincere and earnest, he won friends only to make them enduring."

John Kearny Rodgers was a remarkably handsome man, described by his daughter only four years ago, as having had "regular features, a strong resolute face, and as having been tall and ambidexterous so that he operated with both hands."

It was thus that the artist Baker saw him and depicted him, a stately presence, refined and gentle, in the paintings at the New York Hospital and at the New York Eye and Ear Infirmary.

In the library of the latter institution there also stands a bust of Rodgers.

This master of a noble calling closed his eyes in death November 9, 1851, at his residence, 110 Bleeker Street, in the prime of life and in the zenith of his fame. He died as he had lived in the faith and hope of his Scotch ancestry. B. S.

DEPARTMENT OF ENGINEERING

The First Annual Base Ball game of the New York Hospital Engineering and Maintenance Department was held June 7th, 1936, at Fort Lee, New Jersey. The game was between the Engineering Department and the Electrical Department.

For the benefit of our readers the Engineering Department team consisted of engine and boiler room employees, and the Electrical Department team was comprised of electricians, machinists, plumbers, carpenters, etc.

The several departments met at the 71st Street door of the engine room and proceeded over the George Washington Bridge to Fort Lee. Twenty cars holding 80 men departed at 9:00 A.M.

On arriving at the field the team managers Messrs. Koster for the Engineering Department and MacDonald for the Electricians tossed up a coin for choice of innings. McDonald won the toss and chose the last half of the inning.

It was decided to play a 6 inning game and then have another game with players chosen from the different departments so that all could have some fun. In the first game the Engineers won handily on a score of 6 to 3.

The second game was more of a lark than anything else, as the players were carefully selected for their inability to play the game, or so the captains thought, but the second game was in some respects better than the first. This game was called off after five innings on account of the field having been hired by another club after 3:30 P.M.

However, a very enjoyable time was had by all and it was resolved to play another game after vacations, to show that this outing had an attraction to the various members of the Department of Engineering and Maintenance, it is only necessary to state that 81 men from this Department were present and all are asking "When do we go again?"

THE DOCTOR'S MOB

[In the last issue of the "Bulletin" there appeared an installment of an article dealing with "The Doctor's Mob". So many requests have been received for this story in its entirety, that it is reproduced below in full.]

One episode in the history of the New York Hospital that has been referred to not infrequently is known as "the Doctors' Riot," or more commonly, "the Doctors' Mob."

As various versions of this incident have been described, it is of interest to trace down the original sources of information and at the same time, if possible, the public spirit that led to this outbreak.

Two important matters deserve mention at the outset. In the first place the teaching of anatomy had been going on for many years prior to April 1788, the time of the riot. In fact, the teaching of anatomy had been going on for many years before the Revolution.

According to several sources of information, the first dissection for purely anatomical purposes and scientific demonstration to medical students of which we have record in what is now the United States was performed by Drs. John Bard and Peter Middleton before a small class of medical students in the City of New York in 1750.

According to the record, this dissection was made "for the instruction of the young men then engaged in the study of medicine." This incident has always been cited as proof that at least informal medical instruction was being conducted in New York City some fifteen years before the organization of the medical school in Philadelphia.

At the same time there is a record that Dr. Cadwalader had made dissections for the benefit of the physicians of Philadelphia in 1751, and that Dr. William Shippen gave a systematic course of lectures on anatomy in 1752. The record here in New York would seem to show that the authorities recognized the place of dissection in medicine and therefore turned over the body of an executed criminal to Drs. Bard and Middleton for anatomical purposes.

According to tradition, this body was carefully preserved and preparations were made of various parts of it so that they might be kept for demonstration purposes.

It is also a matter of record that Dr. Richard Bayley, who was giving the course in anatomy at the time of "the Doctors' Mob" had been teaching this subject and advertising courses during the entire period of the Revolution and when New York was occupied by the British.

Also important to emphasize is that at the time of the so-called "Doctors' Mob" in

April 1788 the New York Hospital had not been re-opened for the care of patients. It will be recalled that after the original building was burned and had been rebuilt the Revolution began and the building was used by the British army of occupation for barracks and other military purposes.

It was during this period of inactivity prior to the re-establishment in 1792 that the Board of Governors had given Dr. Bayley permission to use part of the building for his anatomical demonstrations and also for a few cases requiring surgical operation, there being no other hospital in New York at the time.

It is of equal interest to point out that such acts of violence on the part of the populace were not limited to New York, although it was one of the first, if not the very first, incident of the kind in the country. Nor was it by any means the last. There is an account of a riot for similar reasons in New Haven about the year 1820, and a very serious one occurred in St. Louis (which was also the last) in 1844. Likewise there were riots in Baltimore in 1789 and also about fifty years later.

In a pamphlet published in 1838, entitled "Some account of The Rise and Progress of the University of Maryland," Dr. Potter told the story of the destruction nearly a half century after the New York "Doctors' Riot" of the anatomical theatre of Dr. John B. Davidge, a private teacher of anatomy and surgery. It was accidentally discovered that Dr. Davidge had provided some subjects for dissection in his small theatre, and a large mob accumulated who demolished the house. Dr. Potter states that "such were the vulgar prejudices against dissections that little sympathy was felt for the doctor's loss."

Before going into further detail as to "the Doctors' Mob" in New York it may be important to mention that the difficulty in the path of progress of anatomical sciences and above all of pathology and practical surgery which existed in America was a heritage from England and the Puritanic times.

Popular feeling made it impossible to provide anatomical material from any legitimate source. This was not due, as is sometimes said, to any old-fashioned idea of the sanctity of the body, but on the contrary, from quite a modern development of narrowness of mind which during the seventeenth and eighteenth centuries put a number of inhibitions and prohibitions into life, far exceeding such shackles against progress, which existed in the Middle Ages.

Dissections had been practised freely in the Italian medical schools from the thirteenth century onwards. Not only were these made in the medical schools, but practically every artist of the Renaissance made many dissections, to mention only Leonardo da Vinci. Many hundreds of sketches by Italian

artists have been recovered and have served better than any written account to demonstrate the absolute lack of prejudice in this matter among Italians.

The Englishmen who had studied in Italy in the early sixteenth century, especially Linacre and Caius, brought back with them these Italian traditions and were beginning to secure their adoption in England when the religious troubles of the Reformation period came to disturb medical advance in England by rude separation from the Continent. As late as the first third of the nineteenth century Lord Macaulay made a speech in the English Parliament pleading for the passage of anatomy laws which would facilitate the teaching of this subject.

As American law had been patterned largely after English law, it was not until after a certain lag that more liberal and constructive legislation was passed by the different states. Although here again it is interesting to note that just a while after the occurrence of "the Doctors' Mob" the New York State legislature did provide that the bodies of executed criminals should be turned over "to surgeons for dissection."

After this enactment Congress gave Federal judges the discretion of adding dissection as part of the penalty of convicted murder. Sixteen years later, in 1796, a similar Act was passed by New Jersey. As Walsh says, it is clear that all this legislation was to add to the punishment for murder and did not spring from any desire to make provision for anatomic teaching.

To return to the question of "the Doctors' Mob," details of which are thus described in the *New York Packet* for April 15th, 1788; and which has been taken from Walsh's *History of Medicine in New York*:

"On Sunday, the 13th inst., a number of boys, we are informed, who were playing in the rear of the Hospital, perceived a limb which was imprudently hung out of a window to dry; they immediately informed some persons — a multitude soon collected — entered the Hospital, and in their fury destroyed a number of anatomical preparations; some of which we are told were imported from foreign countries — one or two fresh subjects were also found — all of which were interred the same evening. Several young doctors narrowly escaped the fury of the people; and would inevitably have suffered very seriously, had not his Honor, the Mayor, the Sheriff and some other persons interfered and rescued them, by lodging them in goal. The friends to good order hoped that the affair would end here; but they were unhappily mistaken.

On Monday morning a number of people collected, and were determined to search the houses of the suspected physicians. His excellency the Governor, His

Honor the Chancellor, and His Worship the Mayor, finding that the passions of the people were irritated, went among them and endeavored to dissuade them from committing unnecessary depredations.

They addressed the people pathetically, and promised them every satisfaction, which the laws of the country can give. This had considerable effect upon many; who, after examining the houses of the suspected doctors, retired to their homes.

But in the afternoon the affair assumed a different aspect. A mob, more fond of riot and confusion than a reliance upon the promises of the Magistrates and obedience to the laws; went to the gaol, and demanded the doctors who were there imprisoned.

The Magistrates finding that the mild language of persuasion was of no avail were obliged to order out the militia, to suppress the riot, to maintain the dignity of government, and protect the gaol. A small party of about eighteen armed men assembled at 3 o'clock, and marched thither—the mob permitted them to pass through with no other insult than a few volleys of stones, dirt, etc.

Another party of about 12 men, about an hour afterwards, made a similar attempt, but having no orders to resist, the mob surrounded them, seized and destroyed their arms. This gave the mobility fresh courage — they then endeavored to force the gaol, but were repulsed by a handful of men, who bravely sustained an attack of several hours. They then destroyed the windows of that building with stones, and tore down part of the fence. — At dusk another party of armed citizens marched to the relief of the gaol; and as they approached it, the mob huzzing, began a heavy fire with stones, brick bats, etc. Several of this party were much hurt, and in their own defense were obliged to fire; upon which three or four persons were killed, and a number wounded. The mob shortly after dispersed.

On Tuesday morning the militia of General Malcolm's Brigade and Col. Bauman's regiment of artillery were ordered out; and a detachment from each were under arms during that day, and the subsequent night.

But happily the mob did not again collect, and the peace of the city is once more restored.

The riot was, to sum up, a rather serious matter, though one might be inclined to think of it as amusing, to look back at it now.

It was an angry unmanageable crowd that gathered, determined to put an end to all dissection and the temptation that the dissec-

tion course afforded of securing bodies surreptitiously.

Fortunately the jail was not far away, and the students and doctors took refuge there, but with a mob close at their heels. Nor was the mob easy to deal with when the authorities were summoned and made their appearance to prevent further destruction. Mayor James Duane read the riot act, backed by a handful of militia; and a number of prominent citizens attempted to exert the weight of their dignity to prevent further disorder.

John Jay and peppery old Baron Steuben, of Revolutionary fame, came on the scene, but without pacifying effect. The mob hustled the dignitaries quite undignifiedly, and poor Baron Steuben was knocked down. He quite lost his temper, and, his military training getting the better of him, it was he who called out to the mayor, "Fire! Duane, Fire," and the militia fired, killing seven rioters and wounding many more. This salutary lesson had its effect, and the mob dispersed.

Dr. Richard Bayley made an affidavit which appeared in the New York Journal and Patriotic Daily Register for Tuesday, April 15th, denying absolutely that there was any ground for the suspicions of the mob that any bodies in his dissecting room were obtained surreptitiously from any place of burial where respectable people were interred.

To a reader of his affidavit one hundred and twenty-five years afterwards, it seems as though he deliberately emphasized churchyards and cemeteries connected with public places of worship, without making any similar affirmation as regards the Potter's Field or perhaps other secular public burial places.

The affidavit is worded so that he denies any agency or concern "in removing the bodies of any person or persons interred in any churchyard or cemetery, belonging to any place of public worship, belonging to hath not offered any sum of money to procure any human bodies so interred for the purposes of dissection and further that no person or persons under his tuition have had any agency or concern digging up or removing any dead body interred in any of the Churchyards or cemeteries to his knowledge or belief."

A similar affidavit was made by Dr. Charles McKnight, and his pupils Ebenezer Graham, John Parker, and George Gillaspay, and also by John Hicks, Senior.

The "Doctors' Riot" naturally attracted a great deal of attention throughout the country, and indeed it has been said that the best accounts of the whole incident are to be found in the New York letters of the Boston and Philadelphia papers.

Before leaving the subject of the Doctors' Mob, we want to recall that young David

Hosack was one of the students present on this occasion and that only the timely rescue by one of his father's friends whose home was close by, saved him from injury at the hands of the infuriated rioters.

Dr. Francis, in his memories of Valentine Mott, recounts certain experiences in the life of that great surgeon, describing the danger he risked in obtaining bodies upon which to practice the operations which made him famous.

It was forty years later, in an address before the College of Physicians and Surgeons, that Mott for the first time told all the details of his earlier experiences.

Speaking of similar conditions in England and Scotland during this period, Garrison recalls some interesting episodes in connection with John Hunter, especially how he obtained the body of the Irish giant, O'Brien. O'Brien, knowing of Hunter's special interest, had directed that in the event of his own death his body was to be taken out to sea for burial. In some manner Hunter recovered the body from its ocean grave and the skeleton still reposes in the Hunterian Museum in London.

Garrison, in his *History of Medicine*, also relates the interesting and very sensational circumstances surrounding the Scotch anatomist, Robert Knox.

This episode occurred about 1827. A certain William Hare had sold to Dr. Knox the body of a lodger who had died owing him (Hare) for his board. As the amount realized exceeded the debt the venture suggested to Hare and his associate, a certain Burke, to anticipate nature, by making their poor lodgers drunk and then smothering or strangling them (i.e. "Burking" them).

Sixteen bodies were secured and sold in this way before the crime was discovered, and the last body was found in Knox's dissecting room. While Knox himself was exonerated by the legal authorities of any complicity in the actual "Burking," the discovery made him very unpopular.

"The people of Edinburgh went wild and Knox was mobbed by the horrified populace who threatened to hang him." In spite of a brave defense and the loyalty of his students, Knox was unable to live down the odium connected with this event and eventually left Edinburgh.

However, this episode led to a reform and was followed by Lord Warburton's Anatomy Act of 1832 which provided that all unclaimed bodies should, under proper conditions, go to the medical schools.

It was not until 1854 that New York State passed a similar law entitled, "An Act to Promote Scientific Investigation." Other states have followed in the course of time, although there are still some who have no enabling or permissive statutes.